

PART B - FEE(S) TRANSMITTAL

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 Alexandria, Virginia 22313-1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 03/11/2008

DR. MARK FRIEDMAN LTD.
 C/o Bill Polkinghorn
 Discovery Dispatch
 9003 Florin Way
 Upper Marlboro, MD 20772

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION
10/826,503	04/19/2004	Oded Cohen	2808/28	194

TITLE OF INVENTION: METHOD FOR PREVENTING ACTIVATION OF MALICIOUS OBJECTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE
nonprovisional	YES	\$720	\$300	\$0	\$1020	06/11

EXAMINER	ART UNIT	CLASS-SUBCLASS
LIPMAN, JACOB	2134	726-022000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
 1 MARK M. FR
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recorded as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ALADDIN KNOWLEDGE SYSTEMS LTD.

PETACH TIKVA ISRAEL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or overpayment, to Deposit Account Number 062140 (enclose an extra copy of

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature MARK M. FRIEDMAN

Date 17 April 2008

Typed or printed name MARK M. FRIEDMAN

Registration No. 33883

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Authorized Signature _____

Date 17 April 2008